



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE  
DIVISION OF MOTOR VEHICLES**

286 Main Street Room 307  
Pawtucket, RI 02860

(401) 588-3020 Ext. 2076

**MINIMUM REQUIREMENTS NEEDED TO APPLY FOR A DEALER'S LICENSE**

**APPLICATION:** Every dealer must fill out an application for a dealer's license on a form prescribed by the Dealers' License & Regulations Office. Every applicant for a Motor Vehicle Dealers License, except in case of renewal, must furnish a plan or blue print of the establishment or location where he intends to do business, together with four (4) photographs showing front view, right and left side views of the premises, along with the application.

**REQUIREMENTS FOR DEALERS:** "Must be primarily a dealer in motor vehicles": The business of dealing in motor vehicles is of prime and vital importance to the car buying public. The purchaser of a motor vehicle has the right to expect that it be equipped with proper brakes, lights and other safety appliances as required by law. Consequently, the sale of motor vehicles must not be carried on as a side line by any other type of business.

1. Any scrap/salvage dealers must set up an entirely separate place of business and comply with those minimum requirements to operate as a motor vehicle dealer.
2. Any gasoline filling station who desires to become a motor vehicle dealer must, in addition to meeting all other requirements, remove all retail gasoline pumps and signs.

**PLACE OF BUSINESS:** Every dealer must establish a suitable place in which to conduct the business of dealing in motor vehicles. The business must be housed in a building, on the premises, which contains at least 2400 square feet of enclosed and heated floor space to provide a suitable office and space where motor vehicles may be properly repaired and serviced. Minimum floor space in all instances shall be interpreted as ground level space and in no instance shall basements or second floors or any upper or lower areas be considered in computing the required minimum amount of office, service of showroom enclosed space. Any applicant requesting a license to deal in motor vehicles who presently maintains or intends to apply for a competitive body shop license must provide at least 2400 square feet of enclosed and heated floor space in addition to any other

license requirements. A minimum requirement for lot display must be 2400 square feet. This place of business must be used exclusively by the dealer for the purpose of displaying, repairing, buying and selling vehicles and other vehicle related items.

Dealers solely in the business of buying and selling motor scooters, motorcycles and mopeds will be licensed to sell these vehicles only. The place of business for such dealers must be housed in a building that measures at least 1200 square feet of enclosed and heated floor space to provide a suitable office and space where cycles may be properly repaired and serviced. Such dealer's license must be stamped "for mopeds, motorcycles, or motor scooters only." Dealer plates issued to such dealers may only be used on mopeds, motorcycles, or motor scooters, and may not be used on other motor vehicles.

**PROOF OF OWNERSHIP OR LEASE:** Every dealer must provide at the time of application for a dealer's license proof of ownership of the place of business or with a copy of a lease for the place of business that is at least one (1) year in duration.

**CHANGE IN LOCATION:** When a change in location is contemplated, notification shall be made to Dealers' License & Regulations Office on whatever forms deemed necessary. If the new location has not been previously approved, the same procedure shall be followed as if it were a new application.

**ZONING:** Every applicant for a dealer's license who desires to operate in any city or town which has a zoning law or zoning regulations must submit proof, in writing, that the property on which he intends to conduct his motor vehicle dealership is properly zoned for the business of dealing in motor vehicles. If a town or city requires a license to sell motor vehicles, this office must receive a copy of that license in lieu of the zoning approval notice.

**REPAIR AND SERVICE FACILITIES:** Every dealer must maintain a service and repair shop with sufficient tools to perform routine repairs and maintenance of motor vehicles.

**DISPLAY OF LICENSE:** Every dealer must conspicuously display the dealer's license at the location for which it was issued.

**SIGNS:** Every dealer must display a sign or window lettering on the front of the premises where the building is located showing the actual name under which the business is licensed. The words and lettering of the sign must be of size sufficiently large enough to be readily discerned. The total size must be a minimum of 24 square feet, or the maximum size under local zoning ordinances if such ordinances restrict signs to less than 24 square feet.

**BUSINESS TELEPHONES:** Prior to the issuance of a dealer's license, all applicants must have a telephone installed at the licensed address including main, branch and annex locations.

**LOCATIONS:** A separate license must be obtained for each annex or branch location. The Dealers' License & Regulations Office may waive certain requirements for dealers when an annex is within a two mile radius of the place of business specified on the dealer's license.

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TEL: (401) 588-3020 EXT. 2076

**INSTRUCTIONS FOR APPLICANTS IN MAKING FIRST APPLICATION FOR DEALERS LICENSE**  
**APPLICATION MUST BE ACCOMPANIED BY ALL OF THE FOLLOWING DOCUMENTS:**

1. THE PROPOSED DEALERSHIP NAME MUST BE APPROVED BY THIS DEPARTMENT PRIOR TO MAKING APPLICATION.
2. APPLICATION, FINANCIAL STATEMENT, AND EMPLOYEE FORMS MUST BE COMPLETED IN FULL, SIGNED AND NOTARIZED AND ACCOMPANIED BY AN APPROVED LINE OF CREDIT FOR FIFTY THOUSAND DOLLARS (\$50,000) FROM A FINANCIAL INSTITUTION, IN THE DEALERSHIP'S NAME.
3. EACH OWNER, PARTNER, OR CORPORATE OFFICER MUST COMPLETE ONE (1) B.C.I. AUTHORIZATION FORM (BUREAU OF CRIMINAL IDENTIFICATION) FOR OUR PROCESSING.
4. COPY OF FORMAL LEASE AGREEMENT ISSUED TO DEALERSHIP (FOR 1-YEAR MINIMUM) STATING TOTAL SQUARE FEET OF BUILDING AND OUTSIDE AREA, ETC., SIGNED AND NOTARIZED, OR A COPY OF DEED (IF PROPERTY IS OWNED BY THE DEALERSHIP).
5. COPY OF CITY/TOWN LICENSE (SECOND-HAND LICENSE) IF REQUIRED, OTHER WISE, LETTER OF ZONING APPROVAL FROM CITY/TOWN APPROVING THE SALES OF MOTOR VEHICLES AT THAT PROPOSED DEALERSHIP ADDRESS.
6. FOUR (4) PICTURES OF THE OUTSIDE OF BUILDING FROM ALL ANGLES, INCLUDING ENTIRE BUILDING AND LOT DISPLAY AREA.
7. FOR CORPORATION ONLY: COPY OF ARTICLES OF INCORPORATION: COPY OF THE MINUTES SHOWING THE ELECTION OF ALL CORPORATE OFFICERS; AND COPY OF FICTICIOUS NAME REPORT (IF OPERATING UNDER A "DBA" NAME).

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UPON OUR RECEIPT OF THE ABOVE, YOUR APPLICATION WILL BE INVESTIGATED AND SCHEDULED FOR A HEARING BEFORE OUR DEALERS HEARING BOARD. IF GRANTED A LICENSE, THE FOLLOWING DOCUMENTS MUST BE RECEIVED IN THIS OFFICE WITHIN THIRTY (30) DAYS IN ORDER TO FINALIZE THE APPLICATION AND BE ISSUED A DEALER'S LICENSE.

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1. PICTURE OF 24 SQUARE FEET (MINIMUM SIZE) SIGN STATING EXACT DEALERSHIP NAME.
2. \$15,000 SURETY BOND (FROM INSURANCE COMPANY) COMPLETED, SIGNED AND NOTARIZED.
3. \$100.00 LICENSE FEE (MONEY ORDER OR CHECK).  
MAKE CHECK PAYABLE TO : **DEALER'S LICENSE & REGULATIONS OFFICE**
4. BUSINESS TELEPHONE NUMBER.
5. INSURANCE FILING ON DEALER PLATE INSURANCE COVERAGE, MAILED TO FINANCIAL RESPONSIBILITY, DIVISION OF MOTOR VEHICLES (588-3020 EXT. 2029).

**REMEMBER: TO FINALIZE THIS APPLICATION, YOU MUST MAKE AN APPOINTMENT WITH THE SECRETARY (588-3020 EXT. 2076).**

THANK YOU FOR YOUR COOPERATION!

  
ADMINISTRATOR, DIVISION OF MOTOR VEHICLES

RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE

N O T I C E

THIS APPLICATION MUST BE COMPLETED AND ALL REQUIRED DOCUMENTS ATTACHED  
BEFORE IT WILL BE ACCEPTED IN THIS OFFICE.

APPLICATIONS NOT RECEIVED IN THIS MANNER WILL BE RETURNED.

A handwritten signature in black ink, reading "Charles F. Dolan", is written over a horizontal line.

CHARLES F. DOLAN, CHIEF  
DEALERS' LICENSE & REGULATIONS OFFICE



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N O T I C E

PLEASE BE ADVISED PURSUANT TO THE RHODE ISLAND SALES AND USE TAX LAWS  
TITLE 44, CHAPTER 19, ALL RECORDS, FILES AND INFORMATION HEREIN WILL  
BE MADE AVAILABLE TO THE DEPARTMENT OF ADMINISTRATION, DIVISION OF  
TAXATION.

*Charles F. Dolan*

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ADMINISTRATOR, DIVISION OF MOTOR VEHICLES

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**APPLICATION FOR MOTOR VEHICLE DEALERS LICENSE**

Date: \_\_\_\_\_

1. Name of Firm: \_\_\_\_\_
2. Principal business location: \_\_\_\_\_  
Business phone number: \_\_\_\_\_
3. Location of branch offices (if any): \_\_\_\_\_  
\_\_\_\_\_
4. Type of Dealer:  
New vehicles only ( )      Used vehicles only ( )      New & used vehicles ( )
- 4a. If new car dealer, estimate number of dealers selling same make of car in your city or town: \_\_\_\_\_
5. Type of vehicles:  
Passenger cars only ( )      Motorcycles ( )  
Trucks only ( )      Tractor-Trailers ( )  
Passenger cars & trucks ( )
6. How long have you been established as a dealer? \_\_\_\_\_
7. If a new car dealer, what make of vehicles? \_\_\_\_\_
8. Have you a dealer's Contract or Franchise?    Yes ( )    No ( )
9. Franchise or Contract:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Floor Space:      Sales \_\_\_\_\_ Service \_\_\_\_\_  
Yard Space:      Sales \_\_\_\_\_ Service \_\_\_\_\_  
Value of service station equipment: \_\_\_\_\_
11. Give names and addresses of all officers and members of firm:  

<u>Title:</u>	<u>Name:</u>	<u>Residence Address:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
12. Number of salesmen employed: \_\_\_\_\_
13. Name of Insurance Company: \_\_\_\_\_
14. Name of employees insured under said policy for dealer plates assigned to proposed dealer:  

1. _____	3. _____	5. _____
2. _____	4. _____	6. _____
15. Number of privately registered cars, trucks, flat beds, and tow trucks registered personally or to the business: \_\_\_\_\_  
Registration Number(s) \_\_\_\_\_

APPLICATION FOR MOTOR VEHICLE DEALERS LICENSE

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16. Business references: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. You must have an approved Line of Credit for Fifty Thousand Dollars (\$50,000.)  
from a Financial Institution.

\*\*\*\*\*

I, the undersigned, hereby declare that I am \_\_\_\_\_  
(Title, if any)  
of the above firm and the above information is true to the best of my  
knowledge or belief.

Written signature of applicant: \_\_\_\_\_

STATE OF RHODE ISLAND

COUNTY OF: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Commission Expires \_\_\_\_\_



# FINANCIAL STATEMENT AND BALANCE SHEET (CONFIDENTIAL)

## DIVISION OF MOTOR VEHICLES DEALERS' LICENSE AND REGULATIONS OFFICE

AS OF \_\_\_\_\_ 20 \_\_\_\_\_

Name: \_\_\_\_\_  
Corp.-Partnership-Individual Street Address City

Owner: \_\_\_\_\_ President: \_\_\_\_\_

Partner: \_\_\_\_\_ Vice.-Pres: \_\_\_\_\_

Partner: \_\_\_\_\_ Sec.-Treas: \_\_\_\_\_

ASSETS	
CURRENT ASSETS	Amount
1. Cash on hand	\$ _____
2. Cash in _____ Name of Bank	\$ _____
3. Cash in _____ Name of Bank	\$ _____
<b>Receivables</b>	*****
4. Accounts \$ _____	\$ _____
<b>Inventories (At cost plus Freight)</b>	*****
5. New and Used Cars and Trucks (At cost or book value whichever is lower)	\$ _____
6. Parts and Accessories	\$ _____
7. Other Inventory (Describe) _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
<b>Prepaid Expenses</b>	*****
11. Rent and Insurance	\$ _____
12. Other Prepaid Expenses	\$ _____
<b>FIXED ASSETS</b>	*****
13. Land and Buildings (Auto Business)	\$ _____
14. Auto Machinery, Tools and Equip.	\$ _____
15. Office Furniture and Fixtures	\$ _____
<b>OTHER ASSETS NOT LISTED ABOVE</b>	*****
16. _____	\$ _____
17. _____	\$ _____
18. _____	\$ _____
19. _____	\$ _____
20. TOTAL. ASSETS (Lines.....inc.)	\$ _____

STATE OF RHODE ISLAND )  
COUNTY OF ) SS.

I, \_\_\_\_\_, being first duly sworn on oath, depose and say that the foregoing statement submitted in behalf of the above named applicant and the report of consumer's deposits on the reverse side of this statement are true to the best of my knowledge, except those matters therein stated on information and belief, and I believe them to be true.

Subscribed and sworn to before me this  
day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public

LIABILITIES	
CURRENT LIABILITIES	Amount
21. Accounts Payable	\$ _____
22. Notes Payable	\$ _____
23. No. ... New Cars Floor-Planned	\$ _____
24. No. ... New Trks. & Impl. Floor-Plnd	\$ _____
25. No. ... Demonstrators Floor-Plnd	\$ _____
26. No. ... Used Vehicles Floor-Plnd	\$ _____
<b>27. Customer Deposits on Motor Vehicles to be Delivered</b>	*****
(Names to be furnished upon request)	
(a) Cash	\$ _____
(b) Trade-in on other merchandise	\$ _____
28. Social Security and Unemployment Compensation	\$ _____
29. TOTAL (Lines 21-28 ..inc.)	\$ _____
<b>MORTGAGES PAYABLE ON:</b>	*****
30. Land and Buildings (Auto Business)	\$ _____
31. Auto Machinery, Tools and Equipment	\$ _____
32. Office Furniture and Fixtures	\$ _____
33. Other _____	\$ _____
34. Judgement Outstanding	\$ _____
<b>RESERVES &amp; CONTINGENT LIABILITIES</b>	*****
35. Land and Buildings (Auto Business)	\$ _____
36. Other _____	\$ _____
37. _____	\$ _____
38. TOTAL LIABILITIES (Lines 21-35 ..inc.)	\$ _____
<b>CAPITAL</b>	*****
39. Stock Outstanding	\$ _____
40. Proprietor's Investment	\$ _____
41. Partners' Investments	\$ _____
42. TOTAL (Lines 39-42 ..inc.)	*****
(Should equal total assets)	

(Signature of active officer, partner or owner)

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DEALERSHIP BUSINESS (LICENSED) NAME: \_\_\_\_\_

LIST ALL EMPLOYEES WHO ARE PRESENTLY ON YOUR PAYROLL AND RECEIVING W-2 FORMS:

NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____
NAME: _____	S.S.# OR DRIVERS LICENSE#: _____

TOTAL NUMBER OF EMPLOYEES LISTED: \_\_\_\_\_

HAVE YOU OR ANY OF YOUR EMPLOYEES HAD CRIMINAL CHARGES LODGED AGAINST THEM IN COURT? YES \_\_\_\_\_ NO \_\_\_\_\_, IF YES, PLEASE EXPLAIN IN DETAIL ON ADDITIONAL SHEET.

IF DURING THE YEAR, ADDITIONAL EMPLOYEES ARE ADDED TO YOUR DEALERSHIP, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY TO COMPLETE THE NECESSARY FORMS.

I, THE UNDERSIGNED, HEREBY DECLARE UNDER THE PENALTY OF PERJURY, THAT I HAVE EXAMINED THIS STATEMENT REGARDING THE NUMBER OF EMPLOYEES, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, STATE THIS STATEMENT HEREIN IS TRUE AND CORRECT.  
RHODE ISLAND GENERAL LAWS 31-11-17.

\_\_\_\_\_  
SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

STATE OF RHODE ISLAND

COUNTY: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES:

EMPLOYEES NOT LISTED ON THIS FORM, REQUIRE A WAIVER FROM WORKERS' COMPENSATION EXEMPTIONS INCLUDE THE FIRST FOUR (4) CORPORATE OFFICERS

WORKERS' COMPENSATION INSURANCE  
UNIVERSAL COVERAGE

EFFECTIVE JANUARY 1, 1999 - IMPORTANT WORKERS' COMPENSATION LAW CHANGE

All Rhode Island employers with one or more employees are required to obtain workers' compensation insurance coverage. This includes both full time and part-time workers. Sole Proprietors, partners and the first four corporate officers are not included. The first four corporate officers are the President, (one) Vice-President, Secretary and Treasurer as listed with the annual corporate report to the Secretary of State, Corporations Division. The four corporate officers can be included, if they choose, by filing a form DWC11-C with the Department of Labor and Training, Division of Injured Workers' Services.

Some exemptions to the insurance coverage requirement are: Domestic servants, some farmers and farm laborers, some arborists and nursery personnel and certain real estate persons.

The penalty for failure to provide workers' compensation insurance coverage has also changed. The civil/administrative penalty can be \$500 to \$1,000 per day of non-compliance. The maximum penalty of three times the amount of premium has been removed. Another major change is that the Director of the Department of Labor and Training may close a business for failure to provide workers' compensation insurance. The penalties are imposed after a Lack of Insurance Hearing.

An employer may appeal the decision at the Workers' Compensation Court or if the employer does not comply with the order, the Department brings the case to the Workers' Compensation Court for further action. Prosecution for criminal charges are referred to the Department of Attorney General.

For further information on compliance & enforcement, please contact 462-8100 - e-mail at jfal735@aol.com or contact an Education Unit Representative at 222-3994.

LIST ALL EMPLOYEES PROTECTED BY WORKERS' COMPENSATION INSURANCE COVERAGE:

TOTAL NUMBER OF EMPLOYEES LISTED: \_\_\_\_\_

NAME: \_\_\_\_\_ S.S.# OR DRIVERS LICENSE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ S.S.# OR DRIVERS LICENSE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ S.S.# OR DRIVERS LICENSE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ S.S.# OR DRIVERS LICENSE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ S.S.# OR DRIVERS LICENSE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ S.S.# OR DRIVERS LICENSE#: \_\_\_\_\_

(USE ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED)

\_\_\_\_\_  
SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

STATE OF RHODE ISLAND  
COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
NOTARY PUBLIC: \_\_\_\_\_ MY COMMISSION EXPIRES: \_\_\_\_\_



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**RETURN TO:**

**BUREAU OF CRIMINAL IDENTIFICATION AUTHORIZATION FORM**

TO: B.C.I., 72 PINE STREET, PROVIDENCE, RHODE ISLAND

THE UNDERSIGNED HEREBY AUTHORIZES THE RHODE ISLAND MOTOR VEHICLE  
DEALERS' LICENSE & REGULATIONS OFFICE TO CHECK WITH THE BUREAU OF  
CRIMINAL IDENTIFICATION, STATE OF RHODE ISLAND, FOR ANY CRIMINAL  
RECORD THE UNDERSIGNED MAY HAVE.

(PRINT OR TYPE)

DEALERSHIP NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO#: \_\_\_\_\_

HAVE YOU EVER HAD CRIMINAL CHARGES OR CIVIL ACTION LODGED AGAINST YOU  
IN COURT? YES ( ) NO ( )

IF YES, PLEASE EXPLAIN IN WRITING.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE NOTE: EVERY PERSON LISTED ON APPLICATION FORM MUST COMPLETE ONE  
FORM EACH. IF ADDITIONAL FORMS ARE REQUIRED, PLEASE CALL  
588-3020 EXT. 2076 TO REQUEST THEM.

=====

(FOR B.C.I. USE)

DATE \_\_\_\_\_

1. Give the precise area in measurements to be utilized for sale of vehicles. Building and outside display area.

2. This form and application must be complete before it will be accepted.

NAME OF DEALERSHIP \_\_\_\_\_

LOCATION \_\_\_\_\_

PRINT NAME AND POSITION \_\_\_\_\_

SIGN NAME AND POSITION \_\_\_\_\_

BUILDING

- A. Measurements of the building to be used for Auto Sales only.
- B. Must be 2,400 sq. ft., 4,800 sq. ft. if you have a body shop.
- C. Please show garage doors and entrance to building.

OUTSIDE DISPLAY AREA

- 1. Must be 2,400 sq. ft. to be used only for sale of vehicles 4,800 sq. ft. if you have a body shop.
- 2. Please show entrance and exits of display area.